

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450  
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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

7590

01/02/2004

Dennis H. Rinear  
13400 College Valley Lane  
Richmond, VA 23233



Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

## Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

BETH EARNEST	(Depositor's name)
<i>Beth Earnest</i>	(Signature)
1-22-04	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/808,826	03/16/2001	Dhyaneswar B. Chawan		5637

TITLE OF INVENTION: FOOD COMPOSITION AND METHOD FOR TREATING TYPE-2 DIABETES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$300	\$965	04/02/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
WEDDINGTON, KEVIN E	1614	514-060000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Dennis H. Rinear

2

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## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Heartland Health Solutions, LLC

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Brentwood, TNPlease check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

## 4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☒ Publication Fee
- ☐ Advance Order - # of Copies \_\_\_\_\_

## 4b. Payment of Fee(s):

- ☒ A check in the amount of the fee(s) is enclosed. Cashier's check No. 005428  
Tennessee Commerce Bank
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 501890 (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature)

(Date)

Dennis H. Rinear1/22/04

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

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01/28/2004 FFANAIA3 00000013 09808826

01 FC:2501  
02 FC:1504665.00 OP  
300.00 OP

TRANSMIT THIS FORM WITH FEE(S)



**TRANSMITTAL**

In Re Application of: Heartland Health Solutions, LLC )

Serial Number: 09/808,826 )

Filed: 03/16/2001 )

For: **FOOD COMPOSITION AND METHOD FOR  
TREATING TYPE-2 DIABETES** )

Examiner: Kevin E. Weddington

Art Unit: 1614; Confirmation No.: 5637

**CERTIFICATE OF MAILING UNDER 37 C.F.R. § 1.8**

I hereby certify that the complete patent application stapled hereto and identified below is being deposited by me with the United States Postal Service as first-class U.S. Mail on January 22, 2004, with sufficient postage in an envelope addressed to: Mail Stop Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

  
Beth Earnest

Mail Stop Issue Fee  
Commissioner for Patents  
P. O. Box 1450  
Alexandria, VA 22313-1450

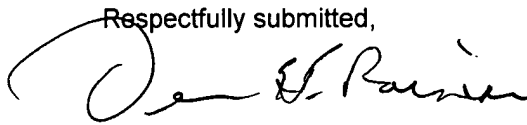
Sir:

Transmitted herewith is the issue fee for the above case, including the following:

Transmittal, with fee calculation  
Issue Fee Transmittal, PTOL-85  
Tennessee Commerce Bank Check No. 005428  
in the amount of \$965.00 (Issue Fee of \$665.00  
and Publication Fee of \$300 for Nonprovisional  
Small Entity - U.S. Patent Application No. 09/808,826)  
Return Postcard

The Commissioner is hereby authorized to charge any deficiencies in fees associated with this communication or credit any overpayment to Deposit Account No. 501890. A duplicate copy of this sheet is attached.

Respectfully submitted,

  
Dennis H. Rainear, Reg. No. 32,486

13400 College Valley Lane  
Richmond, VA 23233

Date: January 22, 2004



87-854  
641

No. 005428

EMITTER

01

VOID AFTER 90 DAYS

ARTLAND HEALTH SOLUTIONS

DATE 01/15/04

PAY TO THE  
ORDER OF

\*\*\* COMMISSIONER OF PATENTS \*\*\*

\$\*\*\*565.00\*\*\*

NINE HUNDRED SIXTY FIVE and 00/100ths Dollars

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Cashier's Check

*Jane Hicks*

AUTHORIZED SIGNATURE

⑈005428⑈ ⑈064108540⑈

200950⑈